

APPLICATION FORM FOR EMPLOYMENT WITH THE U.S. MISSION, MUMBAI, INDIA

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|--|--|--------------------------------|---|-----------------------|
| NAME IN FULL (Last) (First) (Middle) | | | JOB TITLE IN ANNOUNCEMENT | |
| SEX Male : Female: | | | ANNOUNCEMENT NO. | |
| PRESENT ADDRESS: CONTACT #: | | | DATE OF BIRTH (Month, Day, Year) | |
| | | | PLACE OF BIRTH (City, Country) | |
| | | | CITIZENSHIP | |
| NAMES AND LOCATION OF EDUCATIONAL INSTITUTIONS ATTENDED | DATES <div style="display: flex; justify-content: space-around; font-size: small;"> From To </div> | | DEGREE | MAJOR SUBJECTS |
| | | | | |
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| | | | | |
| COMPUTER EXPERIENCE: | | | | |
| SPECIAL QUALIFICATIONS AND SKILLS: List any special skills you possess, i.e. machines, equipment. | | | | |
| TYPING SKILLS <div style="text-align: right; font-size: small;">WPM</div> | | LICENSES/CERTIFICATION: | | |
| LANGUAGE PROFICIENCY (Level of competence) <div style="display: flex; justify-content: space-between; font-size: small;"> Level I : Rudimentary Level III : Good Working Knowledge Level V : Interpreter </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Level II : Limited Knowledge Level IV : Fluency </div> | | | | |
| Language | Speak | Read | Write | Understand |
| | | | | |
| | | | | |
| | | | | |
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EMPLOYMENT: Your previous 5 positions of employment.
May we approach your present employer?

☐

Yes

☐

No

Dates of Employment

From:

To:

Title of Position

Salary (Per Year)

Duties

Name and Address of Employer

Name, Title and phone number of Immediate Supervisor

Reason for Leaving

Dates of Employment

From:

To:

Title of Position

Salary (Per Year)

Duties

Name and Address of Employer

Name, Title and phone number of Immediate Supervisor

Reason for Leaving

| | | | |
|---|--|--------------------------|---------------|
| Dates of Employment From: To: | | Title of Position | Duties |
| | | Salary (Per Year) | |
| Name and Address of Employer | | | |
| Name, Title and phone number of Immediate Supervisor | | | |
| Reason for Leaving | | | |
| Dates of Employment From: To: | | Title of Position | Duties |
| | | Salary (Per Year) | |
| Name and Address of Employer | | | |
| Name, Title and phone number of Immediate Supervisor | | | |
| Reason for Leaving | | | |
| Dates of Employment From: To: | | Title of Position | Duties |
| | | Salary (Per Year) | |
| Name and Address of Employer | | | |
| Name, Title and phone number of Immediate Supervisor | | | |
| Reason for Leaving | | | |

REMARKS**LIST ANY RELATIVES OR FAMILY MEMBERS EMPLOYED BY THE U.S. MISSION**

| Name | Section | Relationship |
|------|---------|--------------|
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CERTIFICATION

Before signing this form make sure you have answered all questions fully and completely. A false statement on this form is cause for disqualification/dismissal.

I do solemnly affirm that the information contained herein is correct to the best of my knowledge and belief.

SIGNATURE

DATE